



DECLARATION FOR PATENT APPLICATION

As the below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name. I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **Compositions And Methods For The Co-Formulation And Administration Of Tramadol And Propoxyphene**, the specification of which was filed on 10/28/03 as Application Serial No. 10/695,064. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor: **Neal R. Cutler**

Inventor's Signature: 

Date: 12/04/03

Residence: 10464 Sunset Boulevard, Los Angeles, California 90077

Citizenship: United States of America

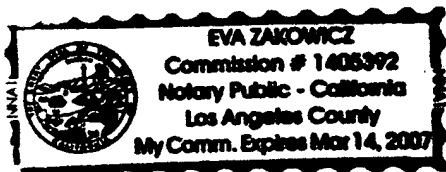
Post Office Address: 10464 Sunset Boulevard, Los Angeles, California 90077

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of Los Angeles } ss.
On Dec. 4, 2003 before me, Eve Zakowicz,
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared Neal R. Cutler,
Name(s) of Signer(s)

☒ personally known to me
☐ proved to me on the basis of satisfactory evidence

to be the person~~s~~ whose name~~s~~ is/~~are~~
subscribed to the within instrument and
acknowledged to me that he/~~she~~/they executed
the same in his/~~her~~/their authorized
capacity(ies), and that by his/~~her~~/their
signature~~s~~ on the instrument the person~~s~~, or
the entity upon behalf of which the person~~s~~
acted, executed the instrument.



WITNESS my hand and official seal.

Eve Zakowicz
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Assignment

Document Date: 10/28/03 Number of Pages: 1

Signer(s) Other Than Named Above: no other signers

Capacity(ies) Claimed by Signer

Signer's Name: Neal R. Cutler

☒ Individual

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

**RIGHT THUMBPRINT
OF SIGNER**

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